

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000018170

FILED
Feb 18, 2011
Secretary of State

Entity Name: JARO PHYSICAL MEDICINE & REHAB. INC.

Current Principal Place of Business:

615 NE 2ND AVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

615 NE 2ND AVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-2279018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA-ORTIZ, JOSE A
615 NE 2ND AVE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RIVERA-ORTIZ, JOSE A
Address: 615 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: VP
Name: RIVERA-ORTIZ, JOSE A
Address: 615 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: S
Name: RIVERA-ORTIZ, JOSE A
Address: 615 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: T
Name: RIVERA-ORTIZ, JOSE A
Address: 615 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: R
Name: RIVERA-ORTIZ, JOSE A
Address: 615 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: R
Name: RIVERA-ORTIZ, JOSE A
Address: 615 NE 2ND AVE
City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE A RIVERA-ORTIZ

P

02/18/2011

Electronic Signature of Signing Officer or Director

Date